



Delegated Managed Care Quality
Assurance Review Summary Report
Fiscal Year 2023

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CMHSP Delegated Managed Care Review (DMC)

MSHN conducted full Delegated Managed Care (DMC) reviews for nine of the twelve (9/12) Community Mental Health (CMH) agencies within the region in FY23Q2 - Q4. Full reviews include a full programmatic review of policies, procedures, and sample files and charts.

MSHN conducted three of twelve (3/12) interim Delegated Managed Care reviews for CMH's within the region during FY23Q1. Interim reviews ensure that all approved corrective action from the previous review has been implemented. In addition, the interim reviews include a review of any new standards identified from contractual or regulatory changes and additional review of charts and files (as applicable) to ensure compliance. Interim reviews are not scored and not reflected in the tables below.

Scores below represent the nine (9) full reviews completed by MSHN during FY23Q2-Q4.

Delegated Managed Care Review Tool

Includes review of 199 standards. The focus of this section is to ensure compliance with requirements. Overall compliance for this timeframe is 95%.

Table 1: Delegated Managed Care Tool

Sections	# Of Standards	FY23 Q2 – Q4 Results
Information Customer Service	12	97%
Enrollee Rights and Protections	9	100%
24/7/365 Access	18	88%
Provider Network Sub-Contract Providers	14	100%
Service Authorization and UM	7	99%
Grievance and Appeals	19	96%
Person Centered Planning	30	90%
Coordination of Care/Integration	6	96%
Behavior Treatment Plan Review Committee	21	94%
Consumer Involvement	3	100%
Provider Staff Credentialing	22	93%
Compliance	7	99%
Ensuring Health and Welfare	16	97%
Information Technology	9	100%
Trauma Informed Care	6	99%

Scores represent January 1- September 30 , 2023.

Program Specific (PS) Non-Waiver Review Tool

Includes review of fifty-eight (58) standards. The focus of this section is to ensure compliance with requirements. Overall compliance for this timeframe is 93%.

Table 2: Program Specific Non-Waiver Tool

Sections	# Of Standards	FY23 Q2-Q4 Results
ACT	6	83%
Self-Directed Services	8	97%
Peer Delivered and Operated (Drop In)	2	100%
Home-Based Services	10	88%
Clubhouse	7	100%
Crisis Residential	10	98%
Targeted Case Management	4	97%
Autism/ABA	4	81%
Children's Intensive Stabilization Services	7	98%

Scores represent January 1- September 30, 2023.

Program Specific (PS) Waiver Review Tool

Includes review of forty (40) standards. The focus of this section is to ensure compliance with requirements. Overall compliance for this timeframe is 95%.

Table 3: Program Specific Waivers Tool

Sections	# Of Standards	FY23 Q2-Q4 Results
Habilitation Supports Waiver	6	95%
Home and Community Based Services	14	92%
Children's Waiver Program	9	99%
Severe Emotional Disturbances Waiver	11	95%

Scores represent January 1- September 30, 2023

Clinical Chart Review Tool

Includes review of seventy-eight (78) standards. The focus of this section is to ensure compliance with requirements. MSHN reviews 5-8 charts for each CMH. MSHN selects one chart per program for review. Overall compliance for this timeframe is 93%.

Table 4: Clinical Chart Review Tool

Clinical Chart Standards	# Of Standards	FY23 Q2-Q4 Results
Intake/Assessment	13	97%
Pre-Planning	10	91%
PCP/IPOS	21	94%
Documentation	2	100%
Customer Service	5	97%
Delivery and Evaluation	3	80%
Program Specific Service Delivery	17	93%
Discharge/Transfers	4	80%
Integrated Physical/Mental Health Care	3	97%

Scores represent January 1- September 30, 2023

Encounters and BHTEDs Review

Includes a sample review of professional encounters and institutional encounters to ensure compliance in addition to a review of CMHSP business processes related ethnicity, workforce, and Medicare ID numbers.

Table 5: Encounters and BHTEDs Business Process Review Tools

Encounters and Business Processes	FY23 Q2-Q4 Results
Encounters Sample Review	100%
BH-TEDS Sample Review	100%
BHTEDS/Encounters Business Processes	100%

Scores represent January 1- September 30, 2023

Strengths

- CMHs within the MSHN region have worked diligently to ensure compliance with behavior treatment standards and outcomes reflect a 20% increase since 2021.
- CMHs successfully implemented required changes in the EMR system related to ethnicity, workforce, and Medicare ID collection.
- There were many instances in the charts reviewed across all CMHs where reviewers noted the ways in which the CMH staff had gone above and beyond to ensure that each individuals hopes, dreams, and goals were met including helping to find independent housing, ways to ensure transportation and access to outings, and bringing in outside resources to provide additional opportunities for individuals to be successful.

Areas for Improvement

All review findings require corrective action. QAPI shares all review scores and review information within the department quarterly report. The reports are shared with all departments and those departments determine if further action is needed, beyond corrective action, and address as necessary.

- Chart reviews indicate services are not being provided in amount, scope, and duration they are authorized for across the region.
- Regionally, there is significantly low compliance with ensuring ACT consumers receive 120 minutes of weekly face to face contact.
- When reviewing grievance and appeals, the language in the narrative sections were often times not at a 6.9 grade reading level.

SUDSP Treatment Provider Delegated Function Reviews

QAPI completed eleven (11) full reviews and six (6) interim reviews in FY2023.

Interim reviews include a review of any new standards identified for the year and review to ensure implementation of approved corrective action from the previous review. Only chart reviews and new standards are scored during an interim reviews.

Full reviews include consumer chart reviews, sample files to verify processes, policies, and procedures. Each provider review is inclusive of all provider sites within the MSHN Region. For providers that are located outside of the MSHN region, MSHN honors the monitoring and auditing conducted by the PIHP in the region where the providers are located.

Delegated Functions Tool Results

Table 6: FY23 SUD Delegated Functions Scores

Sections	# Of Standards	Results
Access and Eligibility	4	84%
Information and Customer Service	17	96%
Enrollee Rights and Protections	14	95%
Grievance and Appeals	19	93%
Compliance	11	95%
Quality	5	86%
Individualized Treatment & Recovery Planning & Documentation	13	88%
Coordination of Care	4	83%
Provider Staff Credentialing	22	94%
IT Compliance/IT Management	1	100%
Trauma Informed Care	6	93%
Total Overall	116	93%

Program Specific Results

The Program Specific tool includes a review of specific services and is applicable to all providers.

Table 7: FY23 SUD Program Specific Scores

Sections	# Of Standards	Results
Residential	2	75%
Peer Recovery Support Services	1	75%
Women's Specialty Services	3	83%
Medication Assisted Programs	10	100%
Recovery Residences	9	92%
Total Overall	25	89%

Consumer Chart Review Results

Table 8: FY23 SUD Chart Review Scores

Sections	# Of Standards	Results
Screening, Admission, Assessment	5	73%
Treatment/Recovery Planning	10	72%
Progress Notes	4	69%
Coordination of Care	4	60%
Discharge/Continuity of Care	3	59%
Residential	4	64%
Medication Assisted Treatment	15	54%
Women's Designated	2	68%
Recovery Housing	4	59%
Total Overall	51	68%

*Scores include interim chart reviews in addition to full chart reviews.

Strengths

- There has been improvement with providers verifying primary source documentation related to staff licenses and credentials.
- Provider charts indicated 90% compliance with using evidence-based practices in the records reviewed.

Areas for Improvement

All review findings require corrective action. QAPI shares all review scores and review information within the department quarterly report. The reports are shared with all departments and those departments determine if further action is needed, beyond corrective action, and address as necessary.

- Periodic reviews were often not completed or completed but missing required elements.
- Clinical chart reviews continue to show challenges with meeting coordination of care requirements.
- Record reviews indicate that screening children for FASD is not always completed.